



COUNTY OF GRANVILLE, NORTH CAROLINA
122 WILLIAMSBORO STREET, POST OFFICE BOX 877, OXFORD, NORTH CAROLINA 27565

OFFICE OF THE COUNTY PLANNING DEPARTMENT
(919) 603-1331
Fax: (919) 603-0535

**GRANVILLE COUNTY BOARD OF ADJUSTMENT
REQUEST FOR
CONDITIONAL USE PERMIT APPLICATION**

(Failure to complete any portions of this application may result in delay or denial of the request.)

APPLICANT'S NAME: _____

ADDRESS: _____

PHONE: (Home) _____ (Work) _____

PROPERTY OWNER'S NAME(S) (If different): _____

ADDRESS: _____

PHONE: (Home) _____ (Work) _____

PROPERTY LOCATION: _____

STATE ROAD NUMBER: _____

TOWNSHIP: _____ ACREAGE: _____

CURRENT ZONING: _____

Current Use of Property

REQUESTED USE: (Explain fully) _____

ORDINANCE REFERENCE REGARDING REQUESTED USE: _____

The Zoning Ordinance designates that certain standards must be met before the Board of Adjustment can approve a Conditional Use Permit Request. Please state your justifications that each of the following statements are true concerning your requested use and make reference to the attached site plan(s) where applicable. The Zoning Ordinance requires that what you are proposing meet the three standards mentioned below before the Board of Adjustment can grant your permit. Please explain below why you believe what you want to do meets these requirements and refer to your site plan where it is useful.

1. I (We) believe that the proposed use will not materially endanger the public health, safety, or general welfare if located where proposed and developed according to the plan as submitted and approved. In other words, does what you want to do create any health or safety concerns for your neighbors or the general public? Explain why it does not.

a) _____

b) _____

c) _____

2. I (We) believe that the proposed use meets all required conditions (as outlined by the Zoning Ordinance and other applicable legal specifications). In other words, have you addressed all of the issues such as parking, setbacks, driveway permits, and other requirements that are necessary under the Zoning Ordinance or other local, state, or federal law?

a) _____

b) _____

3. I (We) believe that the location and character of the use, if developed according to the plans as submitted and approved, will be in harmony with the area in which it is to be located and in general conformity with the plan of development of the County. In other words, why does what you want to do fit well into your community? Is it something that would stand out from what is in the area currently? Please explain.

a) _____

b) _____

c) _____

If what you want to do was to be located on property adjoining you, what concerns would you have?

How would you want those concerns addressed?

What steps, improvements, protections, or conditions are you willing to consider to ensure the proposed use's harmony and compatibility in the community and address some valid concerns of other property owners?

Conditional Use Permit Applications must include the submission of a completed request form and 14 copies of a site plan, when necessary. Other required information, based on the use, may include documentation of approval from the Granville County Health Department, a North Carolina Department of Transportation Driveway Permit, or other information as may be deemed necessary.

I (We) certify that I (We) am the owner/authorized agent regarding the property noted above. I have completed all of the above and believe all of the information provided herein and attached to be accurate. I (We) hereby grant permission to the Granville County Board of Adjustment, the Granville County Planning Department, and their members and staff to visit and inspect the above referenced property to collect any information necessary regarding this request. Permission to place any signs, markers, or other designations on this property to assist in the processing of this request is also granted. I (We) understand that incomplete or inaccurate information included in this request may result in delay or denial of this request.

APPLICANT'S SIGNATURE: _____
DATE: _____

OFFICIAL USE ONLY

Date of Hearing: _____ **Fee Paid:** _____
Date Received: _____ **Staff Person:** _____